



SYDNEY CALISTHENICS CLUB

2013 Enrolment Form

Pupil Details

First Name				Surname				
Date of Birth (dd/mm/yyyy)	/ /							
Address								
Suburb			Post Code			E-Mail		
Phone	(H)		(W)		(M)			
Parent/Guardian Details <i>(Please complete for pupils who are under 18)</i>								
Mother's Name				Surname				
E-Mail								
Home address								
Phone	(H)		(W)		(M)			
Parent/Guardian (2) Details								
First Name				Surname				
E-Mail								
Home address								
Phone	(H)		(W)		(M)			

Who will be responsible for paying fees?
Email address of person paying fees (if different than above).....
How did you hear about our club?
Recommended by friend ☐ Friend's name

I do ☐ do not ☐ allow my contact details to be distributed on a Friendship List to other members.
(Friendship List will only include child's first name, parent's first name(s), 1 mobile no. & email address)

If you do not want your email address to be included on this list, tick here ☐

* IF UNDER 18, BOTH PARENTS/GUARDIANS TO SIGN PLEASE

Classes start in the first week of February 2013 and we look forward to a fun-filled year ahead. If you are interested in assisting the club and becoming a Team Representative, or forming part of our Fundraising Committee, we would love to hear from you.

Call Lisa on 0402 924 160 or Kelly on 0468 939 019

Or email us at: hello@sydneycalisthenics.com



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MEDICAL INFORMATION FORM 2013

NAME OF PUPIL..... DATE OF BIRTH/...../.....

HOME NUMBER WORK NUMBER

MOBILE NUMBER

EMERGENCY CONTACTS	
PERSON 1	PERSON 2
RELATIONSHIP	RELATIONSHIP
PHONE NUMBER	PHONE NUMBER
MOBILE NUMBER	MOBILE NUMBER

MEDICAL CONDITIONS (allergies, asthma, epilepsy, etc).....
.....
.....

IN CASE OF A KNOWN AILMENT, PLEASE INDICATE IMMEDIATE TREATMENT TO BE APPLIED:

.....
.....

*MEDICARE NUMBER:

*AMBULANCE FUND NO:

*DOCTOR'S NAME

*ADDRESS

*PHONE NUMBER.....

I hereby give permission to the coach/committee member to seek medical/hospital treatment and transport by ambulance on my behalf, if they consider it necessary. I understand that I am required to cover all medical or ambulance costs myself.

SIGNED..... DATE/...../.....

(Member/Parent/Guardian)

The personal information requested on this form is not required by law, but will assist relevant people involved in the administration of the Club.

The personal information will only be used for the administration of the club or directly related purposes.

The pupil (or parent/guardian) understands that he or she may apply to the Club for access to and/or amendment of the information held.